

# Exhibit Q



**CITY OF MADISON  
ZONING BOARD OF APPEALS  
APPEAL APPLICATION**

**\$200 Filing Fee**

Ensure all information is **typed** or legibly **printed** using blue or black ink.

Notices are sent to the District Alderperson and to owners of record as listed in the Office of the City Assessor. Maximum size for all drawings is 11" x 17".

Name of Applicant: Edgewood High School of the Sacred Heart, Inc.

**CITY OF MADISON**

Address: 2219 Monroe Street

Madison, WI 53711

**MAY 31 2019**

Daytime Phone: (608) 257-1023

Evening Phone: N/A

Email: mike.cary@edgewoodhs.org (with copy to krist@foley.com and mdlee@foley.com)

**Planning & Community  
& Economic Development**

1. The undersigned hereby appeals the decision of the Zoning Administrator in regard to  
Madison General Ordinance Section No. 28.097
2. When relevant to a specific property, fill out below:  
Street Address: 2219 Monroe Street  
Madison, WI 53711
3. ☒ List of grounds for the appeal, statements, evidence of fact, and any additional information associated with the appeal are provided on a separate attachment.

Applicant Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_  
Receipt: \_\_\_\_\_  
Filing Date: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_  
Alder District: \_\_\_\_\_

Zoning District: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_  
Published Date: \_\_\_\_\_  
Appeal Number: \_\_\_\_\_  
GQ: \_\_\_\_\_

**DECISION**

The Board, in accordance with the findings of fact, hereby determines that the requested appeal for \_\_\_\_\_ is \_\_\_\_\_

☐ **Approved**

☐ **Denied**

☐ **Conditionally Approved**

**Zoning Board of Appeals Chair:** \_\_\_\_\_

**Date:** \_\_\_\_\_